

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23		1				
24	1					
25		1				
26		1				
27	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	19					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						